


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90029 010 \*\*\*150.00

**DOCUMENT # P02000099558**

1. Entity Name  
**MARSHALL'S HEATING & AIR, INC.**



Principal Place of Business      Mailing Address

**3350 TRAIL DAIRY CIRCLE**      **3350 TRAIL DAIRY CIRCLE**  
**N. FT. MYERS, FL 33917**      **N. FT. MYERS, FL 33917**

2. Principal Place of Business      3. Mailing Address

**720 NE 25<sup>TH</sup> AVE #17**      **720 NE 25<sup>TH</sup> AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#17**      **#17**

City & State      City & State

**CAPE CORAL FL.**      **CAPE CORAL FL.**

Zip      Country      Zip      Country

**33909**      **LEE**      **33909**      **LEE**



02102004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**01-0746251**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, DANIEL R**  
**3350 TRAIL DAIRY CIRCLE**  
**N. FT. MYERS, FL 33917**

7. Name and Address of New Registered Agent

Name: **MARSHALL DANIEL R**

Street Address (P.O. Box Number is Not Acceptable): **720 NE 25<sup>TH</sup> AVE #17**

City: **CAPE CORAL**      FL      Zip Code: **33909**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Daniel R Marshall*      DATE: **2.11.04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARSHALL, DANIEL R 3350 TRAIL DAIRY CIRCLE N. FT. MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARSHALL DANIEL R 720 NE 25 <sup>TH</sup> AVE #17 CAPE CORAL FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL, DANIEL R 3350 TRAIL DAIRY CIRCLE N. FT. MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL DANIEL R 720 NE 25 <sup>TH</sup> AVE #17 CAPE CORAL FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel R Marshall*      DATE: **2.11.04**      DAYTIME PHONE #: **238-573-1799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR